



**CITY OF SUNNYVALE
TRANSIENT OCCUPANCY TAX RETURN**

Month Ending: _____ Payment Due By: _____ Certificate Number: _____

Hotel Name: _____ Hotel Address: _____

STATISTICAL INFORMATION: # of rooms at this site _____ Average Room Rate: _____ Average Occupancy Rate: _____

Has there been a change of ownership since last monthly report? ____ Yes ____ No

1. Gross revenue from rent: \$ _____

2. Exemptions and adjustments:

A. Less: Occupancies exceeding 30 consecutive calendar days.
(Please see line 2A on reverse side for instructions.) \$ _____

B. Less: Federal or State of California officer or employee.
(Please see line 2B on reverse side for instructions.) \$ _____

C. Less: Officer or employee of a foreign government who is exempt
by reason of express provisions of federal law or international
treaty. (Please see line 2C on reverse side for instructions.) \$ _____

D. Prior period adjustments: Attach letter of explanation.
(Please see line 2D on reverse side for instructions.) \$ _____

E. Complimentary rooms exceeding 1% of occupied rooms \$ _____

F. Total Exemptions and Adjustments (sum of lines 2A through 2E): \$ _____

3. Taxable rents (line 1 plus/minus line 2F): \$ _____

4. Tax amount (line 3 multiplied by the Transient Occupancy Tax Rate of 8.5%): \$ _____

5. Add: penalties and interest if remittance is delinquent:
(Please see line 5 on reverse side for additional information.)

A. First 30 days delinquent (amount on line 4 times 10%): \$ _____

B. Second 30 days delinquent (amount on line 4 times 10%): \$ _____

C. Interest – One percent per month (or fraction thereof)
on the amount of the tax: \$ _____

D. Total Penalties and Interest (Sum of lines 5A through 5C): \$ _____

6. **TOTAL AMOUNT DUE (ADD LINE 4 PLUS LINE 5D):** \$ _____

* Make checks payable to: **City of Sunnyvale**
* Keep one copy of return for your records

* **Mail original and 1 copy of tax return to:**
City of Sunnyvale/Finance Department
Attn: Cashier/TOT
P.O. Box 3707
Sunnyvale, CA 94088-3707
(408) 730-7656

I declare under penalty of perjury that this information is true and correct to the best of my knowledge.

Signature

Title

Date

Phone